

**FEE TRANSMITTAL
FOR FY 2005**

Effective 01/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 1103).

PATENT & TRADEMARK OFFICE
JUN 29 2005
RECEIVED

Complete if Known	
Application Number	09/782,936
Filing Date	February 14, 2001
First Named Inventor	Vivian E. Mack Strong et al.
Examiner Name	Frederick F. Krass
Art Unit	1614
Attorney Docket No.	19603/4071 (CRF D-2598A)

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)60.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims 6 - 24 or HP = 0 x =

Extra Claims x =

Fee (\$) **Fee Paid (\$)**

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

HP = - highest number of total claims paid for, if greater than 20

Indep. Claims 1 - 5 or HP = 0 x =

Extra Claims x =

Fee (\$) **Fee Paid (\$)**

HP = - highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = / 50 = (round up to a whole number) x =

Extra Sheets / 50 = (round up to a whole number) x =

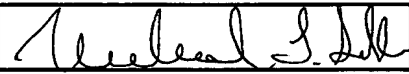
Number of each additional 50 or fraction thereof **Fee (\$)** **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Filing Fee for One-Month Extension of Time \$60.00

SUBMITTED BY

Signature		Registration No. 30,727 (Attorney/Agent)	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman	Date	June 28, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 27, 2005

Signature: 
Name: Jo Ann Whalen

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 19603/4071 (CRF D-2598A)
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>June 27, 2005</u>		In re Application of Vivian E. Mack Strong et al.
Signature: <u>Jo Ann Whalen</u>		Application Number 09/782,936 Filed February 14, 2001
Name: <u>Jo Ann Whalen</u>		For USE OF COX-2 INHIBITORS TO TREAT SEPSIS, COMPLICATIONS THEREOF, AND EP RECEPTOR MODULATION
		Group Art Unit 1614 Examiner Frederick F. Krass

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$

☒ Applicant claims small entity status.

☒ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 14-1138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

Michael L. Goldman June 23, 2005
Signature Date

Michael L. Goldman (585) 263-1304
Typed or printed name Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

06/30/2005 EFLORES 00000062 09782936

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60.00 DP

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